## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This for appropriate. All further con indicated unless corrected maintenance fee notification	respondence including the legion or directed otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and P ders and notif ) specifying a	PUBLIC fication new co	ATION FEE (if requi of maintenance fees worrespondence address;	red). Blocks 1 through 5 s rill be mailed to the current and/or (b) indicating a sep	chould be completed where correspondence address as arate "FEE ADDRESS" for	
28120 7: ROPES & GRAY ONE INTERNATI BOSTON, MA 02: 03/21/2005 EHAILE2 000 01 FC:1501 1400. 02 FC:1504 300.  APPLICATION NO. 10/734,499	E ADDRESS (Note: Use Block 1 for 12/30/2004  Y LLP  ONAL PLACE 110-2624  000061 181945 107344  00 DA  FILING DATE  12/12/2003	99 MA	FIRST NAMED Raanan A SPRAY AUG	O INVEN	Fee(s) Transmittal. The papers. Each additional have its own certificated by the states Postal Service addressed to the Mai transmitted to the USP	is certificate cannot be used all paper, such as an assignme of mailing or transmission.	ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.  (Depositor's name) (Signature) (Date)  CONFIRMATION NO.	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)		\$300	\$1700	03/30/2005	
EXAM	IINER	ART UN	IT	CI	ASS-SUBCLASS	]		
HASHM	II, ZIA R	2881			250-287000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	or tyne)			
PLEASE NOTE: Unless		elow, no assignee	data will appe	ear on t	he patent. If an assign	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	EE	(В	) RESIDENC	E: (CIT	Y and STATE OR CO	UNTRY)	•	
The Charles	Stark Draper La	boratory,	Inc.		Cambrid	ge, Massachuset	ts 02139-3563	
Please check the appropriate	e assignee category or catego	orics (will not be pr	inted on the pa	atent) :	Individual 🚨 C	orporation or other private g	roup entity 🚨 Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of		•		<del></del>	
Issue Fee					nount of the fee(s) is er			
			t by credit card. Form PTO-2038 is attached.					
Advance Order - # o	f Copies	····	The Dire Deposit Acco	ctor is ount Nu	hereby authorized by omber 18-1945	harge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).	
	(from status indicated above	•	<u> </u>					
	MALL ENTITY status. See is requested to apply the Iss fiblication Fee (if required) ords of the United States Pat				<u> </u>	LL ENTITY status. See 37 ( ly paid issue fee to the applicatered attorney or agent; or	CFR 1.27(g)(2). cation identified above. the assignee or other party in	
Authorized Signature	John 1				Date	3-16-05	•	
Typed or printed name _	John V. Bianco				· Registration	No. <u>36,748</u>		
This collection of informati	on is required by 37 CFR 1.3	11. The information	n is required t	to obtai	n or retain a benefit by	the public which is to file (a	nd by the USPTO to process)	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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·		espond	to a con	BUILDIT	Com	plete if Known	
<b>FEE TRANSMITTAL</b>		Applic	ation	Numb		10/734,499	
		Filing				December 12, 2003	
for FY 2005				Inver	tor	Raanan A. Miller	
Effective 10/01/2004. Patent fees are subject to annual revision.			iner N		itoi	HASHMI, Zia R.	
Applicant claims small entity status. See 37 CFR 1.27		A - A 1 1 -	:4			2881	
TOTAL AMOUNT OF PAYMENT (\$) 1,700.00		Art Ur		cket No	,	SION-P12-041	
		7 1110111	0, 00			LATION (continued)	
METHOD OF PAYMENT (check all that apply)						LATION (continued)	
Check Credit Money Other None	er None 3. ADDITIONAL FEES						
X Deposit Account:							
Deposit 19.1045	Large Fee	e Entity Fee	Small Fee	Entity	-		
Account Number 18-1945	Code		Code	(\$)		Fee Description	Fee Paid
Deposit Account Ropes & Gray LLP	1051	130	2051	65	Surcharge	e - late filing fee or oath	
Name	1052	50	2052	25		e - late provisional filing fee or cover	
The Director is authorized to: (check all that apply)					sheet.		$\vdash$
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Engli	sh specification	
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	-	request for ex parte reexamination	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920*	Requestin Examiner	ng publication of SIR prior to action	
	1805	1,840*	1805	1,840*	Requestin Examiner	ng publication of SIR after	
FFF OALOUE ATION	4054	440	2251	65		for reply within first month	
FEE CALCULATION  1. BASIC FILING FEE	1251 1252	110 430	2251			for reply within second month	
Large Entity Small Entity	1253	980	2253			for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254	1,530	2254			for reply within fourth month	
Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee	1255	2,080	2255			for reply within fifth month	
1002 350 2002 175 Design filing fee	1401	340	2401		Notice of		
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a br	ief in support of an appeal	
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request for	or oral hearing	
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	institute a public use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55		revive – unavoidable	
(4)	1453	1,370	2453	685		revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,370	2501			e fee (or reissue)	1,400.00
Claims below Fee Paid	1502	490	2502		Design iss		
Total Claims	1503	660	2503	330	Plant issu		
Claims -3 = LX	1460	130	1460	130		to the Commissioner	
Multiple Dependent	1807	50	1807	50		g fee under 37 CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180		on of Information Disclosure Stmt	
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	property (t	each patent assignment per times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809	790	2809	395	Filing a su (37 CFR 1	rbmission after final rejection I.129(a))	
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395		additional invention to be (37CFR 1.129(b))	
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395		or Continued Examination (RCE)	
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		or expedited examination	
and over original patent	Other	ر fee (spec	cify)	1504	Publication	n fee for early, voluntary, or	300.00
SUBTOTAL (2) (5) 0.00					normal pu Paid	SUBTOTAL (3) (\$)	1,700.00
**or number previously paid, if greater; For Reissues, see above	Kedt	iced by E	PASIC FI	wy ree	raiu	300101ML (3) [(3)	1,7 00.00
SUBMITTED BY					_	(Complete (if applicable))	

SUBMITTED BY		(Complete	(if applicable))
Name (Print/Type) John V. Bianco	Registration No. (Attorney/Agent) 36,748	Telephone	(617) 951-7973
Signature		Date	3-16-05

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shown below.	( ) / / / / / / / / / / / / / / / / / /
Dated:	Signature: \(\mathre{UM}\) \(\mathre{UM}\) (Dawn Marie Class)